



**PLACER COUNTY
SHERIFF
CORONER-MARSHALL**

**CONCEALED WEAPON PERMIT
RENEWAL INFORMATION**

Please provide the following current information: Permit #(local agency number): _____

1. Full Name: _____ Email address: _____

Home Address: _____ City/State: _____ Zip: _____

Mailing Address: _____ City/State: _____ Zip: _____

Home phone: () _____ Cell: () _____ Work: () _____

Employer Name: _____ Occupation: _____

Employer Address: _____ City/State: _____ Zip: _____

2. During the past 2 years have you had any contacts with law enforcement? This includes traffic citations, arrests, any involvement with weapons, or any incidents.

☐ Yes or ☐ No **If Yes, please explain on the back of this form.**

3. During the past 2 years have you been involved in any type of court action as a plaintiff or a respondent?

☐ Yes or ☐ No **If Yes, please explain on the back of this form. Include dates and court name.**

4. Please explain your current reason for desiring to continue to carry a concealed weapon permit (Self-protection does not qualify as a complete answer):

5. During the past 2 years have you applied for a CCW in any other jurisdiction?

☐ Yes or ☐ No **If Yes, please explain on the back of this form.**

6. Do you understand that when issued this CCW belongs to the Placer County Sheriff's Department and is issued as a privilege; it is not a right, and if revoked, the permit must be returned to the Placer County Sheriff's Department? ☐ Yes or ☐ No

7. Weapons Changes: ☐ Yes or ☐ No **If Yes, please list changes below.**

ADD	DELETE	MANUFACTURER	SERIAL #	CALIBER	MODEL	TYPE

Applicant Signature: _____ Date: _____

Approved By: _____ Date: _____

If YES to question 2:

If YES to question 3:

If YES to question 5:

Where applied? _____

Was permit issued? ☐ Yes or ☐ No If no, please explain why? _____
